

Southwest Region (3) Regional Trauma Advisory Board Great Plains Technology Center 4500 West Lee Blvd. Lawton, Oklahoma 73505

April 6th, 2017 – 10:30 AM Minutes

- I. Call to Order: Meeting called to order @ 10:32 AM by Chair Justin Miller.
- II. Roll Call: Roll Call Quorum present.

III. Introductions and Announcements: None

- IV. Approval of Minutes February 2nd, 2017: Motion Mike Boling, Kirk's EMS, Seconded by Benita Orum, Grady Memorial Hospital. Roll call vote, motion passed.
- V. Reports:
 - A. Emergency Systems Report: Dan Whipple
 - 1. Emergency Systems as what usually occurs when you state you are fully staffed we have had some staff members that are no longer with Emergency Systems. Robert Irby has retired and Heather Booher has decided to try a new adventure.
 - 2. Report Writer is now functional for those agencies that use it for reports. You might have noticed that the last couple of days OKEMSIS has been running slower than usual that is because they have been uploading several upgrades to the system. Those upgrades should be completed today. If you have any OKEMSIS question you can contact Mr. Martin Lansdale.
 - 3. Question on Trauma Registry contact Dr. Kenneth Stewart.
 - 4. Quarterly reports will no longer be printed we will print a yearly report at the end of the year. If you have questions please feel free to give us a call.
 - 5. Reminder that September 11, 2016 new rules went into effect for EMS Agencies. The new inspection forms are now on our web page.
 - 6. If you know of any agency that has not attended Naloxone training and would like the training have them contact either David Graham or Dan Whipple and we will assist them in obtaining the training. The Naloxone training is also available online.
 - 7. The stroke data working group met Tuesday. It was a very productive meeting in narrowing down the data fields and information. They will be meeting one more time in the near future.
 - 8. Oklahoma Trauma and Emergency Response Advisory Council meeting is June 7, 2017 at the Oklahoma State Department of Health building starting at 1:00 PM.
 - B. Regional Sub-Committee Report
 - 1. Continuous Quality Improvement Sub-Committee: David Graham presented three cases from last quarter from Region 3. Two cases did not follow the trauma plan for their respective region. The Committee is awaiting response from the facilities and agencies. The third case was a case that all parties involved received a good job letter for working within their regional trauma plan. Mr. Graham asked for CQI referrals and reminded them that they are not punitive.
 - 2. Regional Planning Committee: Brad Lancaster went over the drafted stroke plan from the REPC. Mr. Lancaster stated this is a baseline plan for the region and that each facility and agency develops a stroke plan that falls within the regional stroke plan. Dr. Cathey discussed four and half hour is the national standard. Remember there is a bigger push this year to clot removal is six hours. Don't fall back to the three hour model. It will also be important to remember this is a living document and the collection of data will drive whether changes need to be made to the plan.
 - 3. Regional Medical Planning Groups / SW Medical Response Center Bob Stewart
 - A. Final draft of the Region 3 MCI plan has been sent out and we are going to vote for adoption this afternoon at the RMPG meeting.

Terry L Cline, PhD Commissioner of Health Secretary of Health and Human Services Martha A Burger, MBA President Jenny Alexopulos, DO Terry R Gerard, DO Cris Hart-Wolfe Vice President Charles W Grim, DDS, MHSA R Murali Krishna, MD

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- B. EMResource drill the last two hospitals have been at 76% and 81% for the year. EMS has been at 80% and 84% for the year.
- C. MCI drill was abysmal we had a 47% compliance rate. This drill is a direct reflection of what the ER has at that time. I think we should look at making this a goal for this region. We are not getting the message out and they are not being responded to appropriately.
- D. Operation Spring Break Outbreak is scheduled for April 18th, 2017. It is a strategic national stockpile exercise. We will be discussing this more at the RMPG this afternoon.
- E. Web EOC drill on March 30th we had a 66% participation our goal was 75%. We probably had the highest percentage rate of responding agencies of any region in the state.
- F. Sent out VPE survey trying to develop highly infectious disease annex. We really need the information from each agency. Please fill out the survey and return it to us so we can see where it is and what type of equipment we need to catch for you on a highly infectious disease outbreak.
- G. Training for Region 3 is hosting a Pediatric Disaster Response and Emergency Preparedness class. It is not until November 7th and 8th. Registration is on the Homeland Security website go on and register because we really want a high turnout. Please go on and sign up so if we want a class in the future for our region we can get them.
- VI. Business: Discussion and possible vote on proposal from REPC stroke plan education:
 - A. Question was asked about # 7 of the draft stroke plan where is states every agency and facility in the region will be tasked with developing individualized plans and protocols include transport? It was answered is should be just like the trauma plan. It was discussed that the medication scares some of the people and was answered the committee would look at developing a piece to push out. Another member stated that OSAC is working on a universal training that would include training for transport of stroke. Dr. Cathey advised that some of the big health complexes have stated they would be willing to assist in training.
 - B. It was brought up that in Appendix A under priority II stroke patients the words surgical intervention to be replaced with intravascular intervention.
 - C. Member asked about Carnegie Hospital being listed as a level IV facility. They were advised that the facility self-attested to a level IV facility. Jefferson County stated they had changed their level from a level III to level IV. They are working on getting back to a level III. They were advised that we would check on this and make the change.
 - D. Question was asked have all these facilities been verified. Answer is not all facilities have been verified by the state. Most of the levels on this list are what the facilities attested too. It was brought up that the state is looking at adding stroke to EMResource but this will not be added until all hospitals have been verified by the state.
 - E. Dr. Cathey addressed the RTAB stating that he would push back on the plan as written because if they maintain the 4 ½ hours for priority I patients the region would be removing a large group of people from ever reaching a level I for clot removal within the six hour window. Dr. Cathey asked the group how you ensure the patient gets there in time. Dr. Cathey was asked what if they include the ASPECTS score. Dr. Cathey stated this is one of those times you need to triage the patient and take them directly to a facility that can perform intravascular intervention so they do not miss the six hour window. Dr. Cathey stated this is just phase I. Brad was asked where these times came from. They came from region 5. Brad also advised we need to work with EMS to assess the patient better. The committee tried to find a way to let every facility and agency to formulate their own resources for their area.
 - F. Question was asked if they send this to OTERAC for review and approval. The answer is yes. Question if they don't approve it they will send it back for us to change. Answer is they do not have the authority to approve or deny as did OERSDAC and OTSIDAC. OTERAC was not given the authority to approve or deny. They can give recommendations. Members agree that we do not have any data to start but let's approve this to send to OTERAC.
 - G. Motion was made by Brad Lancaster Murray County EMS to send this plan to OTERAC, seconded by Scott Tanner, Southwestern Medical Center. Plan was brought before the RTAB to discuss and it was approved by vote to send to OTERAC for approval or recommendations. Motion passed.

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- H. Goals for 2017:
 - 1. Emergency Department turnaround time to 90 minutes
 - 2. Stroke Plan
 - 3. STEMI Plan
 - 4.75% compliance on the MCI alerts that come out
 - These items were mentioned but the RTAB had no discussion on any of the above items.

VII. Public Comment:

PJ Richards from Genentech the company reminded everyone that May is Stroke Awareness month. Ms. Richards advised she had posters about activase and other items for those interested. Ms. Richards also reminded everyone that there will be a webinar next Wednesday at 11:00 AM central time Ms. Richards will supply the information to those interested. Genetech just updated the web site for activase and Ms. Richards brought some handouts for agencies to take.

Justin Miller Medic update is July 25th through 27th. Look at the OEMTA website for more information.

VIII. Next Meeting:

- A. Continuous Quality Improvement Comanche County Memorial Hospital Lawton, Oklahoma 73505 June 1st, 2017 – 11:00 am
- Regional Trauma Advisory Board Great Plaint Technology Center Lawton, Oklahoma 73505 August 3rd, 2017 – 10:30 am
- C. Regional Education Planning Committee Comanche County Memorial Hospital Lawton, Oklahoma 73505 June 29th, 2017 – 11:00 am
- IX. Adjournment: Motion by Brad Lancaster, Murray County EMS, Seconded by Benita Orum, Grady Memorial Hospital, adjourned at 12:39 pm.

Approved

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Justin Miller Chairperson, Region (3) Trauma Advisory Board August 3rd, 2017

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